

Case Number:	CM15-0114965		
Date Assigned:	06/23/2015	Date of Injury:	09/01/2013
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 1, 2013. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve requests for a neurology evaluation and six sessions of acupuncture to the cervical spine. The claims administrator did, however, approve six sessions of acupuncture for the left shoulder. An RFA form and associated progress note of May 21, 2015 were referenced in the determination. Non-MTUS ODG Guidelines were invoked to deny acupuncture for the neck. Non-MTUS Chapter 7 ACOEM Guidelines were invoked to deny the neurology referral. The claims administrator invoked non-MTUS ODG guidelines in conjunction with the now-outdated 2007 MTUS Acupuncture Medical Treatment Guidelines (mislabeled as originating from the current MTUS) in its determination. The applicant's attorney subsequently appealed. On April 9, 2015, the applicant reported ongoing complaints of neck pain radiating to the bilateral upper extremities status post earlier cervical spine surgery. Unspecified medications were refilled. The applicant was given 10-pound lifting limitation. The attending provider did not clearly state whether the applicant was or was not working with said limitations in place. On May 21, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The attending provider suggested that the applicant was working with limitations on place as of this date. Acupuncture was sought. Electrodiagnostic testing of the upper extremities was apparently performed in the clinic and was reportedly normal. In an RFA form dated June 5, 2015, six sessions of acupuncture for the cervical spine and left shoulder were sought, while neurology evaluation was ordered to evaluate

the applicant's headaches. The remainder of the file was surveyed. It did not appear that there are any acupuncture treatment notes on file.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Neurology evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Yes, the proposed neurology evaluation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedist, was likely uncomfortable and/or ill-equipped to address issues with and/or allegations of headaches as were/are present here. Obtaining the added expertise of a practitioner better-equipped to address other issues and/or allegations, namely a neurologist, was, thus, indicated. Therefore, the request was medically necessary.

Acupuncture to cervical spine 2 times weekly for 3 weeks, quantity: 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 5th Edition 2007 or Current Year, Neck and Upper Back (Acute and Chronic), Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for six sessions of acupuncture of the cervical spine was likewise medically necessary, medically appropriate, and indicated here. The Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a3 do acknowledge that acupuncture can be employed in the chronic pain context present here. The six session course of acupuncture at issue does conform to the 3 to 6 treatments deemed necessary to produce functional improvement, per the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c1. The request was framed as a first-time request for acupuncture. Therefore, the request was medically necessary.